

125 Cafeteria Plan Enrollment Form



(Please complete this form and return it to your Human Resource Department)

Personal Information	Company Name	Employee Phone Number
	Employee Name	Social Security Number (Required)
	Street Address, City, State Zip	Date of Birth (Required)
	Email Address (Required for ACH claim payment notification)	Date of Hire (Required)

Benefit Election	<input type="checkbox"/> Initial Request <input type="checkbox"/> New Year Request <input type="checkbox"/> Waive Participation	
	<p>If you are part of a company health insurance plan your insurance premiums will automatically be paid pre-tax by payroll deduction. You may also choose any of the following benefits to add to your pre-tax deduction:</p>	
	<input type="checkbox"/> Health Care Expenses: <i>Please refer to the SPD for the maximum annual allowable election</i>	Number of pay periods per year: _____ \$ _____ Annual Election and \$ _____ Per Pay Period Election
	<input type="checkbox"/> Dependent Care Expenses: <i>Maximum annual allowable election is \$5,000 OR \$2,500 if married and filing taxes separately</i>	\$ _____ Annual Election and \$ _____ Per Pay Period Election

Employee Signature	I hereby authorize the appropriate payroll reductions as my contribution(s) to the Cafeteria Plan until changed by me in writing. I recognize that such payroll reductions shall be adjusted automatically in the event of a change in the insurance premiums	
	Employee Signature	Date

Direct Deposit Request	Your Financial Institution		
	Financial Institution Address		
	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	Account Number	Routing Number
	IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable		
	I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.		
	Employee Signature	Date	

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